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**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA**In re: **Lucky Dragon Hotel & Casino, LLC**Case No.: **18-10792-LED**Chapter: **11**

Trustee

Debtor(s)

AMENDMENT COVER SHEET

The following items have been amended in the above named bankruptcy proceeding (check all applicable boxes).

- ☐ Voluntary Petition (specify reason for amendment)
- ☐ Summary of Schedules
- ☐ Statistical Summary of Certain Liabilities
- ☐ Schedule A - Real Property
- ☐ Schedule B - Personal Property
- ☐ Schedule C - Property Claimed as exempt
- ☒ Schedule D, E, or F, and/or Matrix, and/or List of Creditors or Equity Holders
- ☐ Add/delete creditor(s), change amount or classification of debt - **\$31.00 Fee required**
- ☒ Add/change address of already listed creditor - **No fee**
- ☒ Schedule G - Schedule of Executory Contracts and Unexpired Leases
- ☒ Schedule H - CoDebtors
- ☐ Schedule I - Current Income of Individual Debtor(s)
- ☐ Schedule J - Current Expenditures of Individual Debtor(s)
- ☐ Declaration Concerning Debtor's Schedules
- ☐ Statement of Financial Affairs and/or Declaration
- ☐ Chapter 7 Individual Debtor's Statement of Intention
- ☐ Disclosure of Compensation of Attorney for Debtor(s)
- ☐ Statement of Current Monthly Income and Means Test Calculation
- ☐ Certification of Credit Counseling
- ☐ Other: __

E-filed on March 23, 2018

Amendment of debtor(s) Social Security Number requires the filer to follow the instructions provided by the Office of the U.S. Trustee, see link to the U.S. Trustee's website on our website: www.nvb.uscourts.gov

Declaration of Debtor

I (We) declare under penalty of perjury that the information set forth in the amendment(s) attached hereto is (are) true and correct to the best of my (our) information and belief.

/s/ Andrew S. Fonfa

Andrew S. Fonfa

Debtor's Signature

Date: March 23, 2018

Fill in this information to identify the case:Debtor name Lucky Dragon Hotel & Casino, LLCUnited States Bankruptcy Court for the: DISTRICT OF NEVADACase number (if known) 18-10792-LED
☐ Check if this is an amended filing
Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.
Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address AAF FLANDERS 24828 NETWORK PL CHICAGO, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$100.93</u>
3.2	Nonpriority creditor's name and mailing address AGILYSYS NV, LLC. 1858 Paysphere Circle Chicago, IL 60674 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business Debt of Lucky Dragon LP</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$43,931.45</u>
3.3	Nonpriority creditor's name and mailing address AGS 5475 S. Decatur Blvd., Suite 100 Las Vegas, NV 89118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Dai Baccarat table game</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.4	Nonpriority creditor's name and mailing address AGS 5475 S. Decatur Blvd., Suite 100 Las Vegas, NV 89118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Baccarat Sign</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>

Debtor	Lucky Dragon Hotel & Casino, LLC		Case number (if known)	18-10792-LED
Name				
3.5	Nonpriority creditor's name and mailing address Ainsworth Game Technology, Ltd 5800 Rafael Rivera Way Las Vegas, NV 89118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Busniess Debt of Lucky Dragon LP</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown	
3.6	Nonpriority creditor's name and mailing address ALLURE HOA 200 W SAHARA AVE LAS VEGAS, NV 89102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business Debt of Lucky Dragon LP</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00	
3.7	Nonpriority creditor's name and mailing address ALWAYS CREATIVE INC 10170 W TROPICANA # 156-201 LAS VEGAS, NV 89147 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$165.00	
3.8	Nonpriority creditor's name and mailing address AMADEUS HOSPITALITY AMERICAS 14000 SW 119TH AVE MIAMI, FL 33186 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,327.06	
3.9	Nonpriority creditor's name and mailing address AMAZON PO Box 81226 Seattle, WA 98108-1226 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$91.96	
3.10	Nonpriority creditor's name and mailing address AMERASIAN CUISINE, LLC 145 Valle Vista, Ste. K Vallejo, CA 94590 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Food & Beverage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68,210.02	
3.11	Nonpriority creditor's name and mailing address AMERICAN HOTEL REGISTER CO. PO BOX 206720 DALLAS HILLS, TX 75320-6720 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,188.27	

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3.12	Nonpriority creditor's name and mailing address AMERICAN PRINTING 1512 Fremont Street Las Vegas, NV 89101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Marketing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,482.50
3.13	Nonpriority creditor's name and mailing address AMERICAN TOXICOLOGY INC 3340 SUNRISE AVE STE 105 LAS VEGAS, NV 89101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$635.00
3.14	Nonpriority creditor's name and mailing address APEX LINEN SERVICE INC 6375 S ARVILLE #10 LAS VEGAS, NV 89118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business Debt of Lucky Dragon LP</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,676.79
3.15	Nonpriority creditor's name and mailing address ARISTOCRAT DEPT 849540 LOS ANGELES, CA 90084-9540 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,980.91
3.16	Nonpriority creditor's name and mailing address Assured Document Destruction 8050 Arville Street, Suite 105 Las Vegas, NV 89139 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.17	Nonpriority creditor's name and mailing address BALLY GAMING INC LOCKBOX 749335 LOS ANGELES, CA 90074-9335 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101,364.84
3.18	Nonpriority creditor's name and mailing address BENEFIT ADMIN SRV INT CORP 2980 N CAMPBELL AVE STE 140 TUCSON, AZ 85719 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,271.49

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3.19	Nonpriority creditor's name and mailing address BOOKING.COM PO BOX 414462 BOSTON, MA 02241-4462 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$2,761.11
3.20	Nonpriority creditor's name and mailing address BrightView Lanscape Services, Inc 4021 W Carey Avenue North Las Vegas, NV 89032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Landscape Services Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Unknown
3.21	Nonpriority creditor's name and mailing address BROADCAST MUSIC INC PO BOX 630893 CINCINNATI, OH 45263-0893 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$684.00
3.22	Nonpriority creditor's name and mailing address BROWNSTEIN HYATT FARBER SCHREC 100 North City Parkway Las Vegas, NV 89106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$8,081.41
3.23	Nonpriority creditor's name and mailing address CARL'S DONUTS INC 6350 SUNSET CORPORATE DRIVE LAS VEGAS, NV 89120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Food & Beverage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$748.20
3.24	Nonpriority creditor's name and mailing address CASSANDRA CHEUNG PO BOX 80724 LAS VEGAS, NV 89180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consultant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$711.04
3.25	Nonpriority creditor's name and mailing address CENTRAL CREDIT PO BOX 60028 CITY OF INDUSTRY, CA 91716-0028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$2,210.00

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3.26	Nonpriority creditor's name and mailing address CENTURYLINK P.O. Box 4300 Carol Stream, IL 90197 Date(s) debt was incurred ____ Last 4 digits of account number <u>Multiple Accounts</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$752,454.91
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3.27	Nonpriority creditor's name and mailing address CHRYSLER CAPITAL 8585 N STEMMONS FWY DALLASA, TX 75247 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,529.73
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3.28	Nonpriority creditor's name and mailing address CHUNG CHOU CITY LV INC 4049 SPRING MOUNTAIN ROAD LAS VEGAS, NV 89102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,288.65
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3.29	Nonpriority creditor's name and mailing address CLARK COUNTY DEPT OF AVIATION FINANCE DIVISION LAS VEGAS, NV 89111-1005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.50
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3.30	Nonpriority creditor's name and mailing address CLARK COUNTY TREASURER 500 S GRAND CENTRAL PKWY 32 LAS VEGAS, NV 89155 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Taxes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$143,972.72
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3.31	Nonpriority creditor's name and mailing address CLEAN THE WORLD PO BOX 533838 ORLANDO, FL 32853 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,339.80
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3.32	Nonpriority creditor's name and mailing address CLEAR CHANNEL OUTDOOR INC PO BOX 742025 LOS ANGELES, CA 90074-2025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,717.52

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3.33	Nonpriority creditor's name and mailing address CLIMATEC LLC 770 PILOT ROAD LAS VEGAS, NV 89119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,485.50
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3.34	Nonpriority creditor's name and mailing address CNA Surety 333 South Wabash Chicago, IL 60604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.35	Nonpriority creditor's name and mailing address Comb Brothers 5821 West Verde Way Las Vegas, NV 89130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Recycling, Asset Recovery and Oil Filtering Service Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.36	Nonpriority creditor's name and mailing address CONCENTRA PO BOX 9010 BROOMFIELD, CO 80021-9010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,345.00
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3.37	Nonpriority creditor's name and mailing address CREATIVE CANDLE LIGHTING OF LV 3555 S. HIGHLAND DR SUITE 10 LAS VEGAS, NV 89103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$732.85
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3.38	Nonpriority creditor's name and mailing address Creative Manager, Inc. 721 Auth Avenue Oakhurst, NJ 07755 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Workamajig Information, Documents, Images and Software</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.39	Nonpriority creditor's name and mailing address CREATIVE PRINTING INC 6415 KARMS PARK COURT LAS VEGAS, NV 89118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Marketing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$123.03
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Debtor Name	Lucky Dragon Hotel & Casino, LLC	Case number (if known)	18-10792-LED
3.40	Nonpriority creditor's name and mailing address CUMMINS ALLISON CORP PO BOX 339 MT PROSPECT, IL 60056 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,572.81
3.41	Nonpriority creditor's name and mailing address CUSTOM STORAGE INC PO BOX 843838 DALLAS, TX 75284-3838 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,335.26
3.42	Nonpriority creditor's name and mailing address CYXTERA 13322 COLLECTION CENTER DR CHICAGO, IL 60693-0133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,425.25
3.43	Nonpriority creditor's name and mailing address DAVID FILTER 4171 S MARYLAND PKWY LAS VEGAS, NV 89119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consultant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$170.72
3.44	Nonpriority creditor's name and mailing address DC HOST SERVICES LLC 4443 COLLINGWOOD STREET LAS VEGAS, NV 89147 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.00
3.45	Nonpriority creditor's name and mailing address DEQ Systems Corp 735 Bermuda Road, Suite G Las Vegas, NV 89119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>EZ Baccarat Tables, EZ Trak System, EZ Pai Gow Tables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,500.98
3.46	Nonpriority creditor's name and mailing address Desert Fire Protection, L.P. 5040 Sobb Avenue Las Vegas, NV 89118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Fire Protection Equipment Inspection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Lucky Dragon Hotel & Casino, LLC <small>Name</small>	Case number (if known)	18-10792-LED
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3.47	Nonpriority creditor's name and mailing address Diamond Mountain Distributors 7440 Commercial Way Henderson, NV 89011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Service Agreement for used Playing Cards</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.48	Nonpriority creditor's name and mailing address DS SERVICES OF AMERICA INC PO BOX 660579 DALLAS, TX 75266-0579 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.96
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3.49	Nonpriority creditor's name and mailing address DUVOICE 608 STATE ST S #100 KIRKLAND, WA 98033 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$640.00
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3.50	Nonpriority creditor's name and mailing address EARTH COLOR HOUSTON INC 7021 PORTWEST SUITE 190 HOUSTON, TX 77024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,754.30
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3.51	Nonpriority creditor's name and mailing address EATON CORPORATION PO BOX 93531 CHICAGO, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.00
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3.52	Nonpriority creditor's name and mailing address ECOLAB FOOD SAFETY SPECIALTIES INC FORT WORTH, TX 76118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$270.40
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3.53	Nonpriority creditor's name and mailing address Ecolab Inc. c/o The Corporation Trust Company of NV Registered Agent 701 S. Carson Street, Suite 200 Carson City, NV 89701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Dishmachine Lease and water softner lease agreements</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.54	Nonpriority creditor's name and mailing address ECOLAB PEST ELIMINATION 26252 NETWORK PLACE CHICAGO, IL 60673-1262 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,560.18
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3.55	Nonpriority creditor's name and mailing address ELAN OFFICE SYSTEMS 4675 W TECO AVE LAS VEGAS, NV 89118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,250.63
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3.56	Nonpriority creditor's name and mailing address EMPLOYERS UNITY LLC PO BO 173836 DENVER, CO 80217-3836 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,410.00
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3.57	Nonpriority creditor's name and mailing address ENTERTAINMENT BENEFITS GROUP 19495 BISCAYNE BLVD SUITE 300 AVENTURA, FL 33180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,988.99
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3.58	Nonpriority creditor's name and mailing address ERNST & YOUNG PO BOX 846793 LOS ANGELES, CA 90084-6793 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consultant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45,000.00
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3.59	Nonpriority creditor's name and mailing address EVER BLUE OCEAN LLC 5600 SPRING MOUNTAIN RD #F LAS VEGAS, NV 89146 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,625.71
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3.60	Nonpriority creditor's name and mailing address Everi 7250 S Tenaya Way, Ste 100 Las Vegas, NV 89113 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Gaming Software Licensing Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.61	Nonpriority creditor's name and mailing address EVERI PAYMENTS INC PO BOX 206036 DALLAS, TX 75320-6036 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$189,115.63
3.62	Nonpriority creditor's name and mailing address EXPERIAN PO BOX 881971 LOS ANGELES, CA 90088-1971 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$561.25
3.63	Nonpriority creditor's name and mailing address FED EX PO BOX 7221 PASADENA, CA 91109-7321 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Courier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.73
3.64	Nonpriority creditor's name and mailing address FIRST CLASS VENDING INC 6875 SUVA STREET BELL GARDENS, CA 90201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,202.32
3.65	Nonpriority creditor's name and mailing address FISHER PHILLIPS 300 S FOURTH STREET SUITE 1500 LAS VEGAS, NV 89101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,383.50
3.66	Nonpriority creditor's name and mailing address Food Pantry, Ltd. dba Accents 3536 Harding Avenue Honolulu, HI 96816 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Hotel Gift & Sundries Shop Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.67	Nonpriority creditor's name and mailing address FREDI & SONS INC 1 VITALE LANE FOOTHILL RANCH, CA 92610 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,344.70

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3.68	Nonpriority creditor's name and mailing address FREEDOM MEATS 2955 WESTWOOD DRIVE LAS VEGAS, NV 89109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Food & Beverage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,976.11	
3.69	Nonpriority creditor's name and mailing address G2 GRAPHIC SERVICE 5510 CLEON AVENUE NORTH HOLLYWOOD, CA 91601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,099.70	
3.70	Nonpriority creditor's name and mailing address GAMING PARTNERS INTERNATIONAL 3945 WEST CHEYENNE AVE NORTH LAS VEGAS, NV 89032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$87,938.69	
3.71	Nonpriority creditor's name and mailing address Garda CL West, Inc. 1685 Palm Street Las Vegas, NV 89104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Armored Car Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown	
3.72	Nonpriority creditor's name and mailing address GET FRESH SALES INC 6745 S ESCONDIDO ST LAS VEGAS, NV 89119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Food & Beverage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,553.69	
3.73	Nonpriority creditor's name and mailing address GILLS PRINTING & COLOR GRAPHIC PO BOX 97598 LAS VEGAS, NV 89193-7598 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Marketing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$759.92	
3.74	Nonpriority creditor's name and mailing address GoConcierge c/o Alice 18757 Burbank Blvd, Ste 212 Tarzana, CA 91356 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Hospitality Operations Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown	

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3.75	Nonpriority creditor's name and mailing address GREAT BUNS BAKERY 3270 E. TROPICANA LAS VEGAS, NV 89121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Food & Beverage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$655.46
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3.76	Nonpriority creditor's name and mailing address HD SUPPLY FACILITIES MAINT.LTC 4825 E CHEYENNE AVENUE LAS VEGAS, NV 89115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$582.62
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3.77	Nonpriority creditor's name and mailing address HELEN QUAN 8141 BAY HARBOR DR LAS VEGAS, NV 89128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consultant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,724.00
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3.78	Nonpriority creditor's name and mailing address HTA PLUMBING & MECHANICAL 2049 PABCO ROAD HENDERSON, NV 89011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$841.00
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3.79	Nonpriority creditor's name and mailing address IGT 9295 Prototype Drive Reno, NV 89521 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.80	Nonpriority creditor's name and mailing address INNSIGHT REPORTS, LLC 11828 LA GRANGE AVE LOS ANGELES, CA 90025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,975.00
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3.81	Nonpriority creditor's name and mailing address INTERBLOCK USA LC PO BOX 844902 LOS ANGELES, CA 90084-4902 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,857.22
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3.82	Nonpriority creditor's name and mailing address INTERFLEX PAYMENT LLC 2508 HIGHLANDER WAY SUITE 200 CARROLLTON, TX 75006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$270.75	
3.83	Nonpriority creditor's name and mailing address INTERIOR FASHIONS LLC 3250 SIRIUS AVE SUITE FRONT LAS VEGAS, NV 89102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,913.97	
3.84	Nonpriority creditor's name and mailing address INTERNATIONAL GAMING TECHNOLOG 9295 PROTOTYPE DRIVE RENO, NV 89521 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$544,444.36	
3.85	Nonpriority creditor's name and mailing address INTERSTATE HOTEL INSTALLATION 1550 HELM DR SUITE 140 LAS VEGAS, NV 89119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business Debt of Lucky Dragon LP</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,243.65	
3.86	Nonpriority creditor's name and mailing address JACKSON LEWIS P.C. P.O.BOX 416019 BOSTON, MA 02241-6019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consultant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$329.00	
3.87	Nonpriority creditor's name and mailing address JAK ENTERPRISES INC 4248 W RENO AVE LAS VEGAS, NV 89118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,094.00	
3.88	Nonpriority creditor's name and mailing address JAYRALD SUMALINOG ADOL 6649 Topley Pike Avenue Las Vegas, NV 89139 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consultant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	

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3.89	Nonpriority creditor's name and mailing address JCM GLOBAL 925 PILOT ROAD LAS VEGAS, NV 89119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$626.55
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3.90	Nonpriority creditor's name and mailing address JFC INTERNATIONAL 7101 E SLAUSON AVE LOS ANGELES, CA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$761.00
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3.91	Nonpriority creditor's name and mailing address JOHNSON BUSINESS MACHINES INC 3150 S PROCYON STREET LAS VEGAS, NV 89102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,796.84
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3.92	Nonpriority creditor's name and mailing address KA HONG AU YEUNG 5F NO2 ALY 3 LN 59 SEC 1 TAIPEI CITY 116 TAIWAN ROC Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consultant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,000.00
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3.93	Nonpriority creditor's name and mailing address KAESER & BLAIR INC 4236 GRISSOM DR BATAVIA, OH 45103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,317.50
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3.94	Nonpriority creditor's name and mailing address KINGFISHER TRADING CO INC 9320 MABEL AVE SOUTH EL MONTE, CA 91733 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,119.20
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3.95	Nonpriority creditor's name and mailing address KWONG YET LUNG CO 5000 S. DECATUR BLVD LAS VEGAS, NV 89118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,836.74
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3.96	Nonpriority creditor's name and mailing address LA SPECIALTY PO BOX 2293 SANTA FE SPRINGS, CA 90670 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,401.60	
3.97	Nonpriority creditor's name and mailing address Las Vegas Chinese News Network 3552 Wynn Road Las Vegas, NV 89103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown	
3.98	Nonpriority creditor's name and mailing address LAS VEGAS MUTUAL TRADING 2955 LINCOLN RD LAS VEGAS, NV 89002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,575.28	
3.99	Nonpriority creditor's name and mailing address Las Vegas Valley Water District 1001 S. Valley View Blvd. Las Vegas, NV 89153 Date(s) debt was incurred ____ Last 4 digits of account number <u>5354</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown	
3.100	Nonpriority creditor's name and mailing address LAWSON PRODUCTS PO BOX 809401 CHICAGO, IL 60680 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$323.92	
3.101	Nonpriority creditor's name and mailing address LAWYER MECHANICAL SERVICES INC 3036 S VALLEY VIEW BLVD LAS VEGAS, NV 89102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,364.92	
3.102	Nonpriority creditor's name and mailing address LESLIE'S POOLMART INC 6470 BOULDER HWY STE B LAS VEGAS, NV 89122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$540.10	

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Lucky Dragon Hotel & Casino, LLC	18-10792-LED	
3.103 Nonpriority creditor's name and mailing address Lucky Dragon, LP 200 W. Sahara Avenue, Suite 4001 Las Vegas, NV 89102 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,230,190.00
3.104 Nonpriority creditor's name and mailing address Lucky Dragon, LP 200 W. Sahara Avenue, Suite 4001 Las Vegas, NV 89102 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>License Fee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.105 Nonpriority creditor's name and mailing address Lucky Dragon, LP 200 W. Sahara Avenue, Suite 4001 Las Vegas, NV 89102 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Intercompany Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,900,000.00
3.106 Nonpriority creditor's name and mailing address Lucky Dragon, LP 200 W. Sahara Avenue, Suite 4001 Las Vegas, NV 89102 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Eastern Investment, LLC's Capital Contribution Owed to Lucky Dragon LP</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,559,000.00
3.107 Nonpriority creditor's name and mailing address Lucky Dragon, LP 200 W. Sahara Avenue, Suite 4001 Las Vegas, NV 89102 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Bofu, LLC's Capital Contribution to Lucky Dragon, LP</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,201,000.00
3.108 Nonpriority creditor's name and mailing address Lucky Dragon, LP 200 W. Sahara Avenue, Suite 4001 Las Vegas, NV 89102 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Las Vegas Economic Impact Regional Center's Capital Contribution to Lucky Dragon, LP</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$807,054.19
3.109 Nonpriority creditor's name and mailing address MAGIC GOURMET TRADING INC 375 ADRIAN ROAD MILLBRAE, CA 94030 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,081.00

Debtor	Lucky Dragon Hotel & Casino, LLC <small>Name</small>	Case number (if known)	18-10792-LED
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3.110	Nonpriority creditor's name and mailing address MAJESTIC MIRROR & FRAME 745 NW 79 STREET MIAMI, FL 33166 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,783.75
3.111	Nonpriority creditor's name and mailing address MING WEI YANG 5225 4000 NO 3 ROAD RICHMOND BC V6X0J8 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consultant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$746.34
3.112	Nonpriority creditor's name and mailing address NATIONAL CRED-A-CHK INC 2240 SUNSET BLVD SAN DIEGO, CA 92103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,744.35
3.113	Nonpriority creditor's name and mailing address NEDCO SUPPLY 4200 WEST SPRING MOUNTAIN RD LAS VEGAS, NV 89102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$438.67
3.114	Nonpriority creditor's name and mailing address Nevada Gaming Control Board 555 East Washington Avenue Las Vegas, NV 89101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.115	Nonpriority creditor's name and mailing address NV Energy P.O. Box 30086 Reno, NV 89520-3086 Date(s) debt was incurred ____ Last 4 digits of account number <u>3868</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.116	Nonpriority creditor's name and mailing address ODS CHAUFFEURED TRANSPORTATION 4675 WYNN ROAD LAS VEGAS, NV 89103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$114.48

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3.117	Nonpriority creditor's name and mailing address OFFICE DEPOT PO BOX 70025 LOS ANGELES, CA 90074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Office Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$231.15
3.118	Nonpriority creditor's name and mailing address OPEN TABLE PO BOX 8395 PASADENA, CA 91109-8395 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$354.00
3.119	Nonpriority creditor's name and mailing address ORION CHANDELIER INC 2202 SOUTH WRIGHT STREET SANTA ANA, CA 92705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$440.00
3.120	Nonpriority creditor's name and mailing address P&R PAPER SUPPLY COMPANY INC 1898 EAST COLTON AVE REDLANDS, CA 92373 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$2,930.15
3.121	Nonpriority creditor's name and mailing address Pacific Showcase 4555 Procyon Street Las Vegas, NV 89103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business Debt of Lucky Dragon LP</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Unknown
3.122	Nonpriority creditor's name and mailing address Paycom Payroll, LLC 7501 W. Memorial Road Oklahoma City, OK 73142 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Payroll Service</u> <u>Business Debt of Lucky Dragon LP</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Unknown
3.123	Nonpriority creditor's name and mailing address PCNA CONSULTING GROUP INC 7935 BADURA AVE SUITE 1045 LAS VEGAS, NV 89113 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$1,500.00

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3.124	Nonpriority creditor's name and mailing address PDS Gaming Corporation 6280 Annie Oakley Drive Las Vegas, NV 89120-3910 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment Leases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown	
3.125	Nonpriority creditor's name and mailing address PITNEY BOWES GLOBAL FIN SRVC PO BOX 371887 PITTSBURGH, PA 15250-7887 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$140.03	
3.126	Nonpriority creditor's name and mailing address Plan C Group, Inc. dba PCA 108 West 2nd Street, Suite 108 Los Angeles, CA 90012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Marketing Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown	
3.127	Nonpriority creditor's name and mailing address PREDICTIVE LEADERSHIP SOLUTION PO BOX 93983 LAS VEGAS, NV 89195-0013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$660.50	
3.128	Nonpriority creditor's name and mailing address Quality One Pool Management 3217 W. Tomkins Avenue Las Vegas, NV 89103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown	
3.129	Nonpriority creditor's name and mailing address Rainmaker Group Las Vegas, LLC 3763 Howard Hughes Pkwy Las Vegas, NV 89169 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Cloud Based Revenue Management Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown	
3.130	Nonpriority creditor's name and mailing address RED BULL PO BOX 204750 DALLAS, TX 75320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Food & Beverage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,152.00	

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3.131	Nonpriority creditor's name and mailing address RENU OIL OF AMERICA INC PO BOX 93453 LAS VEGAS, NV 89193 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,091.81
3.132	Nonpriority creditor's name and mailing address Republic Services PO Box 98508 Las Vegas, NV 89193-8508 Date(s) debt was incurred ____ Last 4 digits of account number <u>0400</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.133	Nonpriority creditor's name and mailing address REYES COCA-COLA BOTTLING LLC PO BOX 740214 LOS ANGELES, CA 90074-0214 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Food & Beverage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,271.03
3.134	Nonpriority creditor's name and mailing address Richard Slack c/o Christian Gabroy, Esq. Gabroy Law Offices 170 South Green Valley Parkway, Suite 28 Henderson, NV 89012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.135	Nonpriority creditor's name and mailing address RSVP PARTY RENTALS 445 S. VALLEY VIEW SUITE 7 LAS VEGAS, NV 89103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,342.73
3.136	Nonpriority creditor's name and mailing address SAFLOK PO BOX 890247 CHARLOTTE, NC 28289-0247 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
3.137	Nonpriority creditor's name and mailing address SAHARA WEST EXECUTIVE PARK LLC 3100 W SAHARA AVE LAS VEGAS, NV 89102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Office Leases for Suite 204, 207 - 3100 W. Sahara</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,411.40

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3.138	Nonpriority creditor's name and mailing address SANTA MONICA SEAFOOD 18531 S BROADWICK ST RANCHO DOMINGUEZ, CA 90220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Food & Beverage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,531.17
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3.139	Nonpriority creditor's name and mailing address SCREAMING IMAGES LLC 6975 S DECATUR BLVD #130 LAS VEGAS, NV 89118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$378.88
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3.140	Nonpriority creditor's name and mailing address SECTRA SECURITY INC PO BOX 227267 LOS ANGELES, CA 90022-0967 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Security</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$585.36
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3.141	Nonpriority creditor's name and mailing address SESAC PO BOX 900013 RALEIGH, NC 27675-9013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$617.53
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3.142	Nonpriority creditor's name and mailing address SIMMONS GROUP NEVADA, LLC 6841 S EASTERN AVE, STE 103 LAS VEGAS, NV 89119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,500.00
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3.143	Nonpriority creditor's name and mailing address Snow Covered Capital, LLC 1555 Pacific Ave San Francisco, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>300 W Sahara Avenue</u> <u>Las Vegas, NV 89102</u> <u>APN: 162-04-816-001</u> <u>Property operates as the Lucky Dragon Hotel & Casino.</u> <u>Lucky Dragon Hotel & Casino, LLC leases the Property from the Debtor.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.144	Nonpriority creditor's name and mailing address Snow Covered Capital, LLC 1555 Pacific Ave San Francisco, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>300 W Sahara Avenue</u> <u>Las Vegas, NV 89102</u> <u>APN: 162-04-816-001</u> <u>Property operates as the Lucky Dragon Hotel & Casino.</u> <u>Lucky Dragon Hotel & Casino, LLC leases the Property from the Debtor.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.145	Nonpriority creditor's name and mailing address SNYDERS BEVERAGE PO BOX 98294 LAS VEGAS, NV 89193-8294 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Food & Beverage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$169.91
3.146	Nonpriority creditor's name and mailing address SOHO MYRIAD INC 1250 MENLO DRIVE NW SUITE C ATLANTA, GA 30318 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,712.33
3.147	Nonpriority creditor's name and mailing address SOTHYS USA INC 1500 NW 94TH AVENUE MIAMI, FL 33172 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business Debt of Lucky Dragon LP</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68,404.38
3.148	Nonpriority creditor's name and mailing address SOUTH CENTRAL COMM. CORP PO BOX 633497 CINCINNATI, OH 45263-3497 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,326.00
3.149	Nonpriority creditor's name and mailing address SOUTHERN NEVADA ENVIRONMENTAL SERVICES INC 4616 W SAHARA #120 LAS VEGAS, NV 89102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,650.00
3.150	Nonpriority creditor's name and mailing address SOUTHERN NEVADA HEALTH DIST PO BOX 845688 LOS ANGELES, CA 90084-5688 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$227.00

Debtor	Lucky Dragon Hotel & Casino, LLC <small>Name</small>	Case number (if known)	18-10792-LED
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3.151	Nonpriority creditor's name and mailing address SOUTHWEST GAS PO BOX 98890 LAS VEGAS, NV 89193-8890 Date(s) debt was incurred ____ Last 4 digits of account number <u>5133</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,948.45
3.152	Nonpriority creditor's name and mailing address STATE RESTAURANT EQUIPMENT CO 3163 S HIGHLAND LAS VEGAS, NV 89109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.153	Nonpriority creditor's name and mailing address STEP SAVER INC 1901 WEST 2425 SOUTH WOODS CROSS, UT 84087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,205.84
3.154	Nonpriority creditor's name and mailing address SUNFOOD MARKET LLC 8715 LINDELL ROAD SUITE 150 LAS VEGAS, NV 89139 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Food & Beverage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,947.14
3.155	Nonpriority creditor's name and mailing address SUNSHINE PUBLISHING INC 4215 SPRING MOUNTAIN RD LAS VEGAS, NV 89102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Marketing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,600.00
3.156	Nonpriority creditor's name and mailing address SURVEILLANCE SYSTEMS 4465 GRANITE DR # 700 ROCKLIN, CA 95677 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Security</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119,703.06
3.157	Nonpriority creditor's name and mailing address SYSCO-NEWPORT MEAT OF NV 5420 S VALLEY VIEW BLVD LAS VEGAS, NV 89118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Food & Beverage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,307.55

Debtor	Name	Case number (if known)	18-10792-LED
3.158	Nonpriority creditor's name and mailing address TANGERINE GLOBAL 2665 PARK CENTER DRIVE UNIT B Simi Valley, CA 93065 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.159	Nonpriority creditor's name and mailing address TAWA NEVADA INC 6281 REGIO AVE BUENA PARK, CA 90620 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$660.00
3.160	Nonpriority creditor's name and mailing address TCS JOHN HUXLEY AMERICA INC 6171 MCLEOD DR STE M LAS VEGAS, NV 89120-4409 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,254.59
3.161	Nonpriority creditor's name and mailing address TECH ART INC 4185 W TECO AVE LAS VEGAS, NV 89118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71.12
3.162	Nonpriority creditor's name and mailing address TEKVISIONS INC 40970 ANZA ROAD TEMECULA, CA 92592 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,172.00
3.163	Nonpriority creditor's name and mailing address THE BUREAU OF NATIONAL AFFAIRS PO BOX 17009 BALTIMORE, MD 21297-1009 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,460.00
3.164	Nonpriority creditor's name and mailing address THE RAINMAKER 4550 NORTH POINT PARKWAY #400 ALPHARETTA, GA 30022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,000.00

Debtor Lucky Dragon Hotel & Casino, LLC Name		Case number (if known) 18-10792-LED
3.165	Nonpriority creditor's name and mailing address THE STANDARD PO Box 5203 Portland, OR 97208-9981 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$374.74 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.166	Nonpriority creditor's name and mailing address THE WASSERSTROM COMPANY 477 S. FONT ST COLUMBUS, OH 43215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,891.16 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.167	Nonpriority creditor's name and mailing address ULINE INC PO BOX 88741 CHICAGO, IL 60680 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$295.11 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.168	Nonpriority creditor's name and mailing address US FOODS INC PO BOX 101076 PASADENA, CA 91189 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$38,779.08 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Food & Beverage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.169	Nonpriority creditor's name and mailing address VERIZON PO BOX 660108 DALLAS, TX 75266-0108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$937.43 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.170	Nonpriority creditor's name and mailing address VSR INDUSTRIES INV 6190 MOUNTAIN VISTA STREET HENDERSON, NV 89014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$86.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.171	Nonpriority creditor's name and mailing address WAXIE SANITARY SUPPLY PO BOX 60227 LOS ANGELES, CA 90060 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,411.26 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **Lucky Dragon Hotel & Casino, LLC**
NameCase number (if known) **18-10792-LED**

3.172	Nonpriority creditor's name and mailing address WESSCO INTERNATIONAL 11400 OLYMPIC BLVD SUITE 450 LOS ANGELES, CA 90064 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$489.20
3.173	Nonpriority creditor's name and mailing address WESTERN STATES FIRE PROTECTION 3130 WESTWOOD DRIVE LAS VEGAS, NV 89109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$147.00
3.174	Nonpriority creditor's name and mailing address WESTERN SURETY COMPANY P.O. BOX 957312 ST. LOUIS, MO 63195 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$388.65
3.175	Nonpriority creditor's name and mailing address WHITLEY INTERNATIONAL CO 1111 CORPORATE CENTER DR #301 MONTEREY PARK, CA 91754 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
3.176	Nonpriority creditor's name and mailing address WORLD JOURNAL LA LLC 1588 CORPORATE CENTER DRIVE MONTEREY PARK, CA 91754 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,036.00
3.177	Nonpriority creditor's name and mailing address WORLD VARIETY PRODUCE PO BOX 514599 LOS ANGELES, CA 90051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Food & Beverage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,264.10
3.178	Nonpriority creditor's name and mailing address VW GRAINGER INC 2401 WESTERN AVE LAS VEGAS, NV 89102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$985.45

Debtor **Lucky Dragon Hotel & Casino, LLC**
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3.179 Nonpriority creditor's name and mailing address

**YOUNG ELECTRIC SIGN COMPANY
5119 S CAMERON ST
LAS VEGAS, NV 89118**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$697.50**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Business Debt**Is the claim subject to offset? ☒ No ☐ Yes**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	DEQ SYSTEMS CORP 1840 1ST STREET STE 103A LEVIS, QUEBEC G6W5M6	Line 3.45 <input type="checkbox"/> Not listed. Explain _____	—
4.2	Karsaz & Associates c/o Chris A. Karsaz, Esq. 6276 S Rainbow Blvd, Ste 120 Las Vegas, NV 89118	Line 3.137 <input type="checkbox"/> Not listed. Explain _____	—
4.3	McDonald Carano LLP c/o George F Ogilvie, III, Esq. 2300 W Sahara Ave, Ste 1200 Las Vegas, NV 89102	Line 3.147 <input type="checkbox"/> Not listed. Explain _____	—
4.4	Snow Covered Capital, LLC P.O. Box 472218 San Francisco, CA 94147	Line 3.143 <input type="checkbox"/> Not listed. Explain _____	—
4.5	Snow Covered Capital, LLC P.O. Box 472218 San Francisco, CA 94147	Line 3.144 <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 34,624,749.47
5c.	\$ 34,624,749.47

Fill in this information to identify the case:Debtor name **Lucky Dragon Hotel & Casino, LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **18-10792-LED**

☐ Check if this is an amended filing

Official Form 206G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

*Property***2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Dai Baccarat table game**

State the term remaining **month to month until termination**
List the contract number of any government contract

**AGS
5475 S. Decatur Blvd., Suite 100
Las Vegas, NV 89118**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Baccarat Sign**

State the term remaining **Month to month until terminated**
List the contract number of any government contract

**AGS
5475 S. Decatur Blvd., Suite 100
Las Vegas, NV 89118**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Hospitality Operations Agreement**

State the term remaining **2 years**
List the contract number of any government contract

**AMADEUS HOSPITALITY AMERICAS
14000 SW 119TH AVE
MIAMI, FL 33186**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Gaming hardware and software**

State the term remaining **10 months**
List the contract number of any government contract

**Aristocrat Technologies, Inc.
7230 Amigo Street
Las Vegas, NV 89119**

Debtor 1 **Lucky Dragon Hotel & Casino, LLC**

First Name

Middle Name

Last Name

Case number (if known) **18-10792-LED****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Containers & Doc Shredding Service Contract**

State the term remaining **Month to month**

List the contract number of any government contract _____

Assured Document Destruction
8050 Arville Street, Suite 105
Las Vegas, NV 89139

2.6. State what the contract or lease is for and the nature of the debtor's interest **Landscaping agreement**

State the term remaining **11 months**

List the contract number of any government contract _____

BrightView Lanscape Services, Inc
4021 W Carey Avenue
North Las Vegas, NV 89032

2.7. State what the contract or lease is for and the nature of the debtor's interest **Communication Services Contracts with Lucky Dragon LP**

State the term remaining **45 months**

List the contract number of any government contract _____

Centurylink
5454 W. 110th Street
Overland Park, KS 66210

2.8. State what the contract or lease is for and the nature of the debtor's interest **Soap & Hygiene Products Recycling Contract**

State the term remaining **4 years 8 months**

List the contract number of any government contract _____

CLEAN THE WORLD
PO BOX 533838
ORLANDO, FL 32853

2.9. State what the contract or lease is for and the nature of the debtor's interest **Technical Support Agreement**

State the term remaining **3 years**

List the contract number of any government contract _____

Climatec
770 Pilot Road, Suite 1
Las Vegas, NV 89119

2.10. State what the contract or lease is for and the nature of the debtor's interest **Surety Bonding**

State the term remaining _____

List the contract number of any government contract _____

CNA Surety
333 South Wabash
Chicago, IL 60604

Debtor 1 **Lucky Dragon Hotel & Casino, LLC**

First Name

Middle Name

Last Name

Case number (if known) **18-10792-LED****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.11. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Recycling, Asset Recovery and Oil Filtering Service Agreement**2 years****Comb Brothers
5821 West Verde Way
Las Vegas, NV 89130**

2.12. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Temporary Labor Contract**2 years****Comb Brothers
5821 West Verde Way
Las Vegas, NV 89130**

2.13. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Workamajig Information, Documents, Images and Software
8 months**Creative Manager, Inc.
721 Auth Avenue
Oakhurst, NJ 07755**

2.14. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

EZ Baccarat tables and system, EZ Pai Gow Tables**Month to month****DEQ Systems Corp
735 Bermuda Road, Suite G
Las Vegas, NV 89119**

2.15. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Inspection agreement**3 months****Desert Fire Protection, L.P.
5040 Sobb Avenue
Las Vegas, NV 89118**

2.16. State what the contract or lease is for and the nature of the debtor's interest

Service Agreement for used Playing Cards**Diamond Mountain Distributors
7440 Commercial Way
Henderson, NV 89011**

Debtor 1 **Lucky Dragon Hotel & Casino, LLC**

First Name

Middle Name

Last Name

Case number (if known) **18-10792-LED****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **auto renewal every 12 months**

List the contract number of any government contract _____

2.17. State what the contract or lease is for and the nature of the debtor's interest **Dishmachine Lease and water softner lease agreements**State the term remaining **4 years**

List the contract number of any government contract _____

**Ecolab Inc.
c/o The Corporation Trust Company of NV
Registered Agent
701 S. Carson Street, Suite 200
Carson City, NV 89701**2.18. State what the contract or lease is for and the nature of the debtor's interest **Liquor license**

State the term remaining

List the contract number of any government contract _____

**El Dos De Oros Bar & Nightclub
3702 Fisher Avenue
North Las Vegas, NV 89031**2.19. State what the contract or lease is for and the nature of the debtor's interest **Auditing Agreement**State the term remaining **4 months**

List the contract number of any government contract _____

**ERNST & YOUNG LLP
3800 HOWARD HUGHES PKWY, STE 1450
Las Vegas, NV 89169**2.20. State what the contract or lease is for and the nature of the debtor's interest **Gaming Software Licensing Agreement**State the term remaining **month to month**

List the contract number of any government contract _____

**Everi
7250 S Tenaya Way, Ste 100
Las Vegas, NV 89113**2.21. State what the contract or lease is for and the nature of the debtor's interest **Traveler Preference Contract**

State the term remaining

List the contract number of any government contract _____

**Expedia, Inc
333 108th Ave NE
Bellevue, WA 98004**

Debtor 1 **Lucky Dragon Hotel & Casino, LLC**

First Name

Middle Name

Last Name

Case number (if known) **18-10792-LED****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.22. State what the contract or lease is for and the nature of the debtor's interest **Space lease**

State the term remaining **4 years**

List the contract number of any government contract _____

Food Pantry, Ltd. dba Accents
3536 Harding Avenue
Honolulu, HI 96816

2.23. State what the contract or lease is for and the nature of the debtor's interest **Armored Car Lease**

State the term remaining **Until cancelled**

List the contract number of any government contract _____

Garda CL West, Inc.
1685 Palm Street
Las Vegas, NV 89104

2.24. State what the contract or lease is for and the nature of the debtor's interest **Hospitality Operations Agreement**

State the term remaining **until cancelled**

List the contract number of any government contract _____

GoConcierge
c/o Alice
18757 Burbank Blvd, Ste 212
Tarzana, CA 91356

2.25. State what the contract or lease is for and the nature of the debtor's interest **Game Machines & Casino System Leases**

State the term remaining **2 years**

List the contract number of any government contract _____

IGT
9295 Prototype Drive
Reno, NV 89521

2.26. State what the contract or lease is for and the nature of the debtor's interest **Gaming Equipment Lease**

State the term remaining **month to month**

List the contract number of any government contract _____

INTERBLOCK USA LC
PO BOX 844902
LOS ANGELES, CA 90084-4902

2.27. State what the contract or lease is for and the nature of the debtor's interest **Currency & Transaction Management Machines Contract**

State the term remaining **until cancelled**

List the contract number of any government contract _____

JCM GLOBAL
925 PILOT ROAD
LAS VEGAS, NV 89119

Debtor 1 **Lucky Dragon Hotel & Casino, LLC**

First Name

Middle Name

Last Name

Case number (if known) **18-10792-LED****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.28. State what the contract or lease is for and the nature of the debtor's interest **Billboard Media**

State the term remaining **expired**

List the contract number of any government contract

Kre-8 Media, LLC
4050 W. Harmon Avenue, Suite 1-2
Goldfield, NV 89013

2.29. State what the contract or lease is for and the nature of the debtor's interest **Advertising**

State the term remaining **7 Months**

List the contract number of any government contract

Las Vegas Chinese News Network
3552 Wynn Road
Las Vegas, NV 89103

2.30. State what the contract or lease is for and the nature of the debtor's interest **Central Utility Plant Services including HVAC service and repair.**

State the term remaining **19 months**

List the contract number of any government contract

LAWYER MECHANICAL SERVICES INC
3036 S VALLEY VIEW BLVD
LAS VEGAS, NV 89102

2.31. State what the contract or lease is for and the nature of the debtor's interest **Lease of Hotel and Casino**

State the term remaining

List the contract number of any government contract

Lucky Dragon, LP
200 W. Sahara Avenue, Suite 4001
Las Vegas, NV 89102

2.32. State what the contract or lease is for and the nature of the debtor's interest **Employee Lease Agreement**

State the term remaining

List the contract number of any government contract

Lucky Dragon, LP
200 W. Sahara Avenue, Suite 4001
Las Vegas, NV 89102

2.33. State what the contract or lease is for and the nature of the debtor's interest **Central Plant Equipment**

PDS Gaming Corporation
6280 Annie Oakley Drive
Las Vegas, NV 89120-3910

Debtor 1 **Lucky Dragon Hotel & Casino, LLC**

First Name

Middle Name

Last Name

Case number (if known) **18-10792-LED****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **30 months**

List the contract number of any government contract _____

2.34. State what the contract or lease is for and the nature of the debtor's interest **Casino Equipment**State the term remaining **30 months**

List the contract number of any government contract _____

**PDS Gaming Corporation
6280 Annie Oakley Drive
Las Vegas, NV 89120-3910**2.35. State what the contract or lease is for and the nature of the debtor's interest **Gaming Devices**State the term remaining **30 months**

List the contract number of any government contract _____

**PDS Gaming Corporation
6280 Annie Oakley Drive
Las Vegas, NV 89120-3910**2.36. State what the contract or lease is for and the nature of the debtor's interest **Mailstation Meters Lease**State the term remaining **until cancelled**

List the contract number of any government contract _____

**PITNEY BOWES GLOBAL FIN SRVC
PO BOX 371887
PITTSBURGH, PA 15250-7887**2.37. State what the contract or lease is for and the nature of the debtor's interest **Pool & Water Features Maintenance Service Contract**

State the term remaining _____

List the contract number of any government contract _____

**Quality One Pool Management
3217 W. Tomkins Avenue
Las Vegas, NV 89103**2.38. State what the contract or lease is for and the nature of the debtor's interest **Cloud Based Revenue Management Agreement Service Contract**

State the term remaining _____

List the contract number of any government contract _____

**Rainmaker Group Las Vegas, LLC
3763 Howard Hughes Pkwy
Las Vegas, NV 89169**

Debtor 1 **Lucky Dragon Hotel & Casino, LLC**

First Name

Middle Name

Last Name

Case number (if known) **18-10792-LED****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.39. State what the contract or lease is for and the nature of the debtor's interest **Recycling Contract**State the term remaining **13 months**

List the contract number of any government contract _____

**RENU OIL OF AMERICA INC
PO BOX 93453
LAS VEGAS, NV 89193**2.40. State what the contract or lease is for and the nature of the debtor's interest **Lease for Suite 204 - 3100 W. Sahara**State the term remaining **10 months**

List the contract number of any government contract _____

**Sahara West Executive Park
3100 W. Sahara, Suite 112
Las Vegas, NV 89102**2.41. State what the contract or lease is for and the nature of the debtor's interest **Lease for Suite 207 - 3100 W Sahara**State the term remaining **10 months**

List the contract number of any government contract _____

**Sahara West Executive Park
3100 W. Sahara, Suite No. 112
Las Vegas, NV 89102**2.42. State what the contract or lease is for and the nature of the debtor's interest **Armored Service Agreement**State the term remaining **12 months**

List the contract number of any government contract _____

**SECTAN SECURITY INC
PO BOX 227267
LOS ANGELES, CA 90022-0967**2.43. State what the contract or lease is for and the nature of the debtor's interest **A/V Equipment Agreement**State the term remaining **3 years 9 months**

List the contract number of any government contract _____

**SOUTH CENTRAL COMM. CORP
PO BOX 633497
CINCINNATI, OH 45263-3497**2.44. State what the contract or lease is for and the nature of the debtor's interest **Kitchen Cleaning Contract**State the term remaining **1 month**

List the contract number of any government contract _____

**SOUTHERN NEVADA ENVIRONMENTAL
SERVICES INC
4616 W SAHARA #120
LAS VEGAS, NV 89102**

Debtor 1 **Lucky Dragon Hotel & Casino, LLC**

First Name

Middle Name

Last Name

Case number (if known) **18-10792-LED****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.45. State what the contract or lease is for and the nature of the debtor's interest

TV Service Contract

State the term remaining

month to month

List the contract number of any government contract

**TANGERINE GLOBAL
2665 PARK CENTER DRIVE UNIT B
Simi Valley, CA 93065**

2.46. State what the contract or lease is for and the nature of the debtor's interest

Hospitality Modules

State the term remaining

List the contract number of any government contract

**The Rainmaker Group Las Vegas, LLC
4550 North Point Parkway, Suite 400
Alpharetta, GA 30022**

Fill in this information to identify the case:

Debtor name **Lucky Dragon Hotel & Casino, LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **18-10792-LED**
☐ Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing Address	Name	Check all schedules that apply:
2.1 Lucky Dragon LP	300 W. Sahara Avenue Las Vegas, NV 89102	Assured Document Destruction	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.16</u> <input type="checkbox"/> G _____
2.2 Lucky Dragon LP	300 W. Sahara Avenue Las Vegas, NV 89102	PDS Gaming Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.124</u> <input type="checkbox"/> G _____
2.3 Lucky Dragon LP	300 W. Sahara Avenue Las Vegas, NV 89102	CNA Surety	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.34</u> <input type="checkbox"/> G _____
2.4 Lucky Dragon LP	300 W. Sahara Avenue Las Vegas, NV 89102	WESTERN SURETY COMPANY	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.174</u> <input type="checkbox"/> G _____
2.5 Lucky Dragon LP	300 W. Sahara Avenue Las Vegas, NV 89102	Plan C Group, Inc. dba PCA	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.126</u> <input type="checkbox"/> G _____

Debtor Lucky Dragon Hotel & Casino, LLCCase number (if known) 18-10792-LED**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	Lucky Dragon LP	300 W. Sahara Avenue Las Vegas, NV 89102	CNA Surety	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.10</u>
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2.7	Lucky Dragon LP	300 W. Sahara Avenue Las Vegas, NV 89102	Assured Document Destruction	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.5</u>
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2.8	Lucky Dragon LP	300 W. Sahara Avenue Las Vegas, NV 89102	PDS Gaming Corporation	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.33</u>
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**United States Bankruptcy Court
District of Nevada**

In re **Lucky Dragon Hotel & Casino, LLC**

Debtor(s)

Case No. **18-10792-LED**

Chapter **11**

**AMENDED
DECLARATION CONCERNING DEBTOR'S SCHEDULES**

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the Managing Member of Eastern Investments, LLC of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing document(s), consisting of **39** page(s), and that they are true and correct to the best of my knowledge, information, and belief.

Date **March 23, 2018**

Signature **/s/ Andrew S. Fonfa**

Andrew S. Fonfa

Managing Member of Eastern Investments, LLC

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.